



REPORT OF THE INSURANCE MEDICAL OFFICER FOR  
EXTENSION OF ESB BEYOND 309 DAYS

1. Name & Ins: no. of the I. P. :
2. Diagnosis :
3. Present clinical condition of the Insured person :
4. Brief summary of the case
  - i) Date of onset of symptom :
  - ii) Whether gradual or sudden :
  - iii) Nature of treatment given :  
(out patient with period)  
(in patient with period)
  - iv) Investigation carried out with date :
  - v) Whether specialist opinion was obtained - If not, why ? :
  - vi) Whether the case was reviewed by the specialist subsequently.  
Please mention date and name with designation of the specialist :
  - vii) Line of treatment given and regularly in taking treatment :
  - viii) Date of last review by the specialist :
  - ix) Whether the insured person is having inter current chronic illness :
5. List of treatment papers of the case giving history/investigation done etc. enclosed :
6. Why should this be treated as a special case for granting ESB beyond 309 days :

Dispensary seal with date

Signature of the I. M. O.